

Eye, Ear, Nose and Throat. A Manual for Students and Practitioners. By Howard C. Ballenger and A. G. Wipperrn. New second edition. Philadelphia and New York: Lea & Febiger. 1917. Price, \$3.50.

This well-known manual, now in its second edition, gives in a highly condensed form much valuable information. It would be an invaluable book for students preparing for examination or for general practitioners who might need a book for quick reference on eye, ear, nose and throat work. H. H.

New System of Gynecology. Ed. by Thos. W. Eden and Cuthbert Lockyer. 3 vols. London: Macmillan. 1917.

This is undoubtedly the best and most comprehensive gynecology that has appeared in any language. The contributing authors include sixty of the best known British and two American gynecologists. Each man was evidently chosen because of his ability to handle his particular subject and the result is a system of gynecology which is second to none. A modern gynecology necessarily includes the surgery of the female urinary organs and abdomen, and the authors have left nothing to be desired in this respect. There are chapters which deal fully with the special methods of investigation of diseases of the kidney, bladder and rectum. Volume I treats with the anatomy and physiology of the female reproductive organs and their malformations, also the various methods of examination, infections, and a splendid chapter on disorders of function by W. Blair Bell.

Volume II deals with the diseases of the vagina, displacements and tumors of the uterus and diseases of the adnexa. The mechanics of retro-displacement and prolapse of the uterus are exhaustively discussed. We cannot agree, however, with Fothergill that the interposition (Watkins-Wertheim) operation for uterine prolapse is an entirely unsurgical and unnecessary procedure. Fothergill quotes figures showing five deaths and thirteen recurrences out of eighty-nine operations. This mortality for a condition which of itself offers no risk to life is appalling, to say nothing of the thirteen failures. The experience of the gynecological staff of the Lane and San Francisco Hospitals with the interposition operation has been quite the opposite. From 200 to 225 operations for cystocele and prolapse of the uterus by this method have been without a single death and the failures or partial failures have been so few as to be almost negligible. Many of the foremost gynecologists in the East are doing, and have been doing this operation for years with entirely satisfactory results.

Volume III considers diseases of the appendix, methods of examination of the urinary tract and the rectum, and diseases of the breast. A large part of this volume is given over to the technique of gynecological operations both major and minor. The volume is concluded by two chapters on Roentgen rays and radium in gynecological practice.

This new work should be in the library of every teaching institution and every surgeon doing gynecology. The broad scope of the work emphasizes again the fact that the modern gynecologist is no longer interested solely in plastic operations of the pelvic floor and with operations on the uterus and adnexa, but that he must be an abdominal surgeon as well. The book is profusely illustrated in black and white and in colors and the illustrations are particularly good. It makes excellent reading both for the student and the specialist and, although the three volumes seem rather expensive at first, they are well worth the price asked.

F. R. G.

Diseases of the Skin. By Richard L. Sutton. Second edition. St. Louis: C. V. Mosby Company. 1917.

That Dr. Sutton's admirable book should so quickly require a second edition shows the hearty welcome it has received from the medical public.

One of the excellencies of the book is that short, concise descriptions are given of rare affections frequently not mentioned by other authors, such as gangrenous balanitis, atrophy of the mucous membranes of the mouth, and atrophy of the fatty layer of the skin. Another admirable feature of the work is the full information it contains regarding affections of the mouth, tongue and lips. This is especially appropriate at a time when so much interest is evinced, both by the laity and by physicians, in abnormalities in these situations, because of the danger of mistaking them for manifestations of either cancer or syphilis. D. W. M.

The Roentgen Diagnosis of Diseases of the Alimentary Canal. By Russel D. Carman and Albert Miller. 504 original illustrations. 558 pp. Philadelphia: W. B. Saunders Co. 1917.

We have here a remarkable book written by two men of recognized ability, good judgment and enormous experience. They have made good use of their opportunities in checking their diagnoses at the operating table, and many case records are discussed at the close of each chapter. Although full references are given to the literature, the best thing about the book is that it everywhere represents the personal experience and opinions of the writers. This makes it interesting reading, not only for the novice, but for the experienced specialist. There has been great need for such a work, owing to the mushroom growth of the subject. Only five years ago the reviewer had to get his first radioscope from Germany because the only one then on the American market was a clumsy affair that had to be made to order. During the next two years a number of firms in the United States began to make such instruments; every hospital of any size fitted up an X-ray laboratory; and many physicians put such apparatus into their own offices. For a while there were more machines than experts to handle them and to interpret the findings. Although an enormous advance in diagnosis had been made in this way, as Coffey says, "Roentgen observation . . . is the most dangerous agent yet placed at the disposal of the unscrupulous (or he might have added, the honest, well-intentioned but poorly informed) surgeon, because it is so convincing to the laity." A meaningless kink or a normal variation of the colon will decide in favor of a needless operation.

Many of the chapters in Carman & Miller's book should be read and re-read by the young radiologist and gastroenterologist. The photographs on pages 84 and 85 should be framed and on the wall of every X-ray laboratory to remind the workers that "the stomach normally corresponds to the type of body, just as facial characteristics distinguish races." "Stomachs which are markedly dissimilar in their roentgenologic characteristics may each be appropriate for its possessor and functionate in a normal manner." Most novices with the X-ray are looking for the stomach of Gray's anatomy. As Carman & Miller say, "Certainly the steer-horn form of stomach is so rare that if this be the only normal stomach, then more than 90 per cent. of all stomachs must be abnormal" (p. 91). "Zealous use of the roentgen-ray in the search for abnormalities of the stomach is seldom unrewarded, and some degree of 'gastroptosis' is the rule rather than the exception" (p. 310). Their inclusion of the word "gastroptosis" in quotation marks is, we believe, justified because, as Bécélère & Meriel have pointed out, there is no such thing as a **dropped** stomach; it never leaves its upper attachment to the diaphragm, so we should speak only of "lengthened"